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ABSTRACT

This paper focuses on physical education for students in preschool (3 to 5 years) and primary grades K-2 (5 to 7 years). It describes developmentally appropriate practices as a set of indicators for high quality play and motor skills programs for all children, including children with special needs. The paper also describes and recommends an outcome driven decision making model to integrate the identified quality program indicators for making instructional and curricular decisions to serve all children. The paper notes changing demographics that bring new faces to schools and challenge the shape of school programs. It describes "best practices" derived and adapted from developmentally appropriate practices in general education, early childhood education, learning and movement principles, and early childhood special education. Specific attention is given to how these predictors of quality programs become integrated into a service delivery system tailored to meet the needs of each child, through teacher and instructional adaptations and improvements. Selection of relevant preschool play and motor skills teaching materials is also addressed. (Contains 26 references). (JDD)

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THE RIGHT STUFF: DEVELOPMENTALLY APPROPRIATE PHYSICAL EDUCATION FOR EARLY CHILDHOOD PRESCHOOL THROUGH GRADE TWO FOR ALL CHILDREN

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INTRODUCTION

In this paper we have used the first person "we" for two reasons. First, to communicate directly in the active voice and void the scholarly third person. Second, because many of the ideas and recommendations given come from our own experiences designing and disseminating the Achievement Based Curriculum (ABC-I CAN) Model in the middle eighties and early nineties. Since then we have been designing instructional materials for the implementation of early childhood physical education programs for all children and with special attention to children with disabilities, preschool through second grade.

We have consulted and worked with many practitioners. These include teachers , administrators, parents and other related professional personnel as well as teacher educators (special education, regular education classroom teachers, adapted physical educators, regular physical educators, physical therapists, occupational therapists, etc....) involved in the implementation of preschool and early primary play and motor skills programs in both regular and special education settings.

This paper focuses on preschoolers 3-5 years of age and primary grades K-2, serving 5 through 7 year olds. It does not focus on instructional and program models of infants and toddlers or home-based and parent-mediated intervention programs. The purpose of this paper is twofold. One, to describe developmentally appropriate practices in early childhood programming for young children as a set of indicators for high quality play and motor skills programs for all children, including children with special needs. Two, to describe and recommend an OUTCOME DRIVEN DECISION MAKING MODEL to integrate the identified quality early childhood program indicators for making instructional and curricular decisions, to serve all children. Early childhood programs include private and public preschools, kindergartens and early primary grades, Corporate America child care programs, or other facilities that serve children from age three through eight years.

The authors briefly introduce the concept of the changing demographics in America that will and are bringing many new faces at school and challenging the shape of our school programs at all levels. "Best Practices" as it applies to programming during the early childhood years are described as a set of indicators for high quality programs. These quality indicators are derived and adapted from developmentally appropriate practices in general education, early childhood education, learning and movement principles and early childhood special education. Specific attention is given to how these predictors of quality programs become integrated into a service delivery system tailored to meet the needs of each child and the designer selection of relevant preschool play and motor skills teaching materials.

References are for the most part not included in the body of the text for ease of reading. Major resource references reviewed by the authors are provided at the end of the paper. Two important resource documents need to be highlighted at this time: The National Association for the Education of Young Children (NAEYC), 1987, publication titled Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through age 8 Editor, S. Bredekamp; and Exceptional Children, Journal,. Oct.-Nov. 1991, 58-2: Special Issue: Trends and Issues in Early Intervention.

NEW FACES AND EARLY CHILDHOOD PROGRAMS

The quality of our nation's educational system underwent intense public scrutiny in the 1980's. Quality, equity, goals and accountability were keystone words addressed by parents, professionals, administrators and legislators. In the 1990's America's population will be rapidly changing and having a marked impact on our schools- preschool, elementary, and secondary. This population change will bring many new faces to school. Students will come from diverse backgrounds. Factors that will push some of these children into special education are varied, ranging from the drug exposed preschooler, profound language deficiencies, malnourishment, and poverty. Some of these children belong there. Many others should and can be educated in regular early education programs. One important principle of action relevant to school programs that has come to the forefront is simply: Programs must be tailored to meet the needs of children, rather than expecting children to adjust to the demands of a specific program or school system. Schooling succeeds or fails, NOT children.

In the 1990's the number of early childhood programs will increase dramatically to meet the growing demand for out-of home care and education during the early years. Special education services in early childhood for children with disabilities have expanded substantially in the past ten years. The federal government through legislation, regulation and a variety of incentives has supported and will help shape the continued development of early childhood services. Public Law 99-457, The Education of the Handicapped Amendments of 1986 requires that

states provide services for children with disabilities down to age 3 or lose preschool funding under PL 94-142. That is , free and appropriate public education for all 3-5 year old children with disabilities,. The law also provides funding to states developing programs for children with disabilities, 0-2 years of age.

Early educator professionals should be interested in physical fitness- health, motor skill development and play skills within these early childhood programs. Furthermore, the potential for research and program development, preservice and inservice for personnel needs to be addressed by the education profession focused on each child's healthy growth and development through play and movement experiences in home, and early childhood settings.

Last fall more than four million children started school. These were three and four year olds going to their first day of preschool. It has been estimated that there are among eight million children under the age of five who enroll each year in some form of child-care outside the home. The quality of this experience will surely shape a child's readiness for school and , in particular for the child with special needs. There is evidence that a quality developmentally appropriate preschool program for children with special needs, disadvantaged, can significantly reduce poor school performance. We firmly believe that quality early childhood programs are advantageous for ALL CHILDREN, including those with special needs.

The most essential question for all care-givers in early childhood programs becomes, "WHAT DOES THE CHILD, ANY CHILD, NEED TO SUCCEED?" Answers to this question provide the foundation for meaningful inclusion programs where all children are placed in the classroom they would attend if they did not have a disability. Quality early childhood program indicators define the school and classroom culture which includes children with diverse cultural/ethnic backgrounds, who are at high-risk, and who have different abilities and contributions.

Developmentally appropriate programs have two dimensions: age appropriate and individually appropriate. The program is designed for the age groups served and implemented with specific attention to the needs and uniqueness of individual children enrolled.

QUALITY PROGRAM INDICATORS

It is generally assumed that implementation of acknowledged "best practices" will optimize the likelihood of successful performance environment. There is an apparent consensus on a core of quality indicators that have been reached by colleagues in early childhood education . However, there is not an indication that the same is true in the field of early childhood intervention. Considerable data does exist on the outcomes of specific interventions, "best practices", in special education settings. However, little is known about how to apply this information to early childhood intervention in the mainstream setting. Additionally, best practices generated in the field of special education more often than not communicate the message that what is done is somehow very different from the rest of the early childhood profession. What this does is create barriers to collaboration with colleagues in general education where none is ever intended.

The important question is from which knowledge bases should we derive our "best practices"? We can no longer assume that the best adapted physical education (special education) practices will ensure the meaningful inclusion of young children with disabilities in mainstream early childhood contexts. To us, it is of crucial importance that we examine validated practices found to be most directly linked to positive child outcomes in general physical education and early childhood literature. With this information we can assess the applicability to children with special needs in the mainstreamed context during the early years. Then we should be able to identify what additional, if any, specialized supports or adaptations will be needed by the child and care-giver to maximize the child's success in the mainstream environment. such adaptations should only be as "special" as necessary to maximize the success of children with and without disabilities in the mainstreamed context.

Quality program indicators provide guidelines for decisions making in the planning, implementing and the evaluating of early childhood programs. Recently, general program quality indicators were identified and organized under five major areas: curriculum, adult-child interactions, home-program transition relations, and staffing (Bredekamp, 1987).

For the purpose of this paper the program quality indicators were selected and organized under two major curriculum areas: content and instruction; and, assessment and evaluation.

The curriculum indicators in Table 1 focused on curriculum content and instruction.

Table 1 Curriculum: Content and Instruction

Goal Driven Outcome Statements for Child and Program Total Program All Domains	* Integrated curriculum * Goals and content reflect all domains: Academics, social-emotional, and physical * Age-individually appropriate yearly/unit plans
Childrens current and future needs addressed	* Scope and sequence * Goals and objectives Wide range of sequential/developmental objectives to meet diverse needs of children * Difficulties ranges from near zero to functional level of mastery
Children learn most effectively through concrete play oriented activities and teaching strategies	* Active- hands on Child learning involvement begins with awareness, moves to exploration, to inquirey, use and application * Sufficient time allocated for learning, reinforcing, and recycling activities based on child's needs and interests
Children work and play in small groups cooperatively in activities of interest to the children set up by the teacher or spontaneously initiated by the children	* Instruction creates awareness and fosters interests by planning learning environment: introducing new objects, peer, others, and use. * Activities optomize engaged time in the learning environment focused on each child's needs and interests
Individual differences, abilities, and uniqueness valued allowing children to move at their own pace in acquiring desired outcomes	* Instruction fosters self-esteem, sense of competence, and positive feelings toward learning * Multi-age activity grouping * Varied communication * Success breeds success
Transition home-school programs and relations cooperatively planned and implemented to facilitate child's transition and skills taught at each program level	* Home-social activities planned to provide children with first hand experiences * Teachers and parents work together in partnerships * Coordinated sharing information, group problem solving and deceision making by key people involved in child's life(networking, teaming, and maintaining on-going communication)

As these indicators are general in nature, each curriculum domain needs to be defined in terms of specific goals, scope and sequence, and activities that are functional and relevant to the overall goals of the early childhood program. Four overall early childhood goal areas have been identified. These goals serve as philosophy statements to meet all children's needs:

Improve children's school learning

Increase children's sense of self worth

Rnhance children's physical health and play skills

Rncourage children's prosocial behavior
- getting along with others
- Forming friendships and positive peer network

The same is true for the indicators in Table 2. These curriculum indicators are focused on assessment and evaluation..

Table 2 Curriculum: Assessment and Evaluation

Assessment is the process of determining a child's current level of performance on the instructional objectives- content to be taught and part of instruction	* Assessment is the key to implementing a goal driven model * Assessment is not a single isolated component but rather an intergrated process which is on-going
Assessment is the process by which data are collected to make decision: child's initial status, on-going progress and achievement	* Individualizing instruction by adapting the the program material to child's needs and interests * Providing guidance: referral, early intervention, placement * Communicating and collaborating: key people involved in early childhood program meet needs of child and individual family * Planning, implementing, and evaluating program effectiveness * Program and lesson planning identifying where the children are and planning what to accomplish next
Assessment moves to the learning environment, the classroom and teacher enivitonment	* The focus is on practices and programs relevant to child's performance and needs in the learning * Curriculum embedded assessments: criterion referenced test used to assess child's performance on content to be taught based on comparison to a predetermined standard(performance objectives) * Teachers observe, monitor, kand report child's initial on-going and final status on targeted instructional objectives taught
Evaluation is a process that uses measurements (data collected) to decide child's change in targeted performance objectives and program effectiveness	* Student evaluation is the process of determining and reporting the child's performance level achieved in the program * Program evaluation is the analysis and interpretation of the child's achievement data to identify program and staff needs merit and to systematically improve the program as needed

With consensus of staff and parents, general guidelines are identified to serve as overall program goals and quality program indicators. With knowledge of developmental level and age appropriate activities of children in the early childhood programs, the staff can proceed to set up specific applications to design an integrated curriculum and develop/select available instructional materials.

An effective tool to communicate, to collaborate, and for conflict resolution is and Outcome Driven Decision Making Model incorporating a consensus process for :

1. Integrating early childhood program quality indicators in planning, implementing and evaluating developmentally and age appropriate practices and activities, and for
2. Selecting/designing instructional resource materials to meet teacher and each child's needs.

OUTCOME DRIVEN MODEL: CURRICULUM DECISION MAKING

In reviewing Table 1 and 2 it becomes readily apparent that curriculum planning, implementation and evaluation of a quality early childhood play and motor skills program requires collaboration of all the teachers and care-givers in the mainstreamed context. Why? Because we have knowledge gaps about what and how and when to teach what. The concept of an integrated curriculum requires identifying curriculum content and best practices from many sources. These sources include communication, social, emotional, cognitive, self-care, physical and motor development and skills needed for the child to succeed in the next placement. Desires, views and goals of families must also be considered.

Few, if any professionals have a working knowledge of all these areas. The primary solution is collaboration by individuals with different knowledge bases, skills and experiences. For example, understanding the bases of neurodevelopmental therapy, normal motor development, motor learning, and play and motor skill parameters helps us in physical edcuation identify the motoric component of the curriculum content. However, this may provide little understanding of how to integrate with the child's language development or other curriculum content for an integrated curriculum approach.

The Outcome Driven Decision Making Model is effective at the class, building, and district level. With this model a consensus is reached by staff, administrators, and parents on the educational outcomes they want for all children in each developmental area. Each teacher can examine specific curriculum content, practices, knowledges, and beliefs and assess his/her role in helping all children progress toward these outcomes. In the remainder of this paper, and Outcome Driven Decision Making Model with examples of relevant instructional play and motor skills materials for a quality program is described.

The Outcome Driven Model described within is adapted from the nationally validated Achievement Based Curriculum Process Model (Wessel, 1986 and Wessel & Kelly, 1986). The model provides a systematic approach to plan, implement and evaluate a physical education program, individualized to accommodate the diverse needs, interests, and strengths of all learners. Each step is impacted by the preceding and following step, resulting in a cyclic decision making process that is continuously evaluated and modified based upon child's and program needs. The model looks at all aspects of the curriculum and instruction, from content, teaching and learning strategies to the design of assessment and evaluation tools, It aligns curriculum, instruction, assessment and evaluation at the class, building and district level focused on the outcomes for the child and the effectiveness of the program. It also provides a systematic process to improve teacher knowledge and skills by identification of mastery teaching competencies in each component of the model. As important, it provides functional child centered data to team, network, and collaborate with other professionals and parents.

Table 3 addresses key questions that need to be answered in order to identify desired outcomes from and make curricular decisions for an individual student, class or program. This process produces a curriculum that clearly identifies desired outcomes and sequences content across time in a manner that will produce the anticipated results. The procedure calls for input from a variety of sources and for the physical education curriculum to be aligned with all domains of the child's program.

Table 3

Outcomes Driven Model: Curriculum Decision Making

Question	Outcomes	Input From
1. What content is to be taught? Why? When? Planning	Outcome Driven Program *Philosophy statements and goals *Essential objectives *Scope and sequence *Learning Plans: yearly, unit	*Teachers (PE. reg. Ed., Sp. ED.) *Therapists *Parents *Day Care *Psychologists, Medical *Administration
2. Student performfance level on what is to be taught? When? Asssessing	Curiculum embedded *student needs identified (all domains) *Placement in instructional sequence	*Teachers *Parents *Day Care *Therapists
3. How do we develop appropriate nstructional activities/strategies Prescribing	Planning Instruction *Based on performance level (all domains) *Expectations *Learning centers *Effective practices/content *Home-school transitions	*Teachers *Parents *Day Care *Therapists
4. How do we determine student mastery of desired outcomes? Teaching	Teaching and Monitoring Progress *Document progress *Continually reassess *Represcribe based on need	*Teachers *Parents *Day Care *Thearapists
5. How do we determine effectiveness of instruction? Evaluating	Student/Class Achievements *Objectives mastered by student/class *Repeat outcomes *Recommendations *Program development needs; staff needs	*Teachers *Parents *Day Care *Therapists *Psychologists

Strategies, activities and other pertinent information for cross-curriculum objectives need to be developed and shared by all individuals involved in the development and education of the chiid. Objectives specific to physical education, such as catching a ball, while largely under the auspices of the physical educator, need to be understood by each individual involved with the child. It is the physical educators responsibility to identify and design collaborative with others the essential outcomes of the physical education program and when , where and how the outcomes are best taught. For illustrative purposes a few examples of curriculum considerations are provided below for these age ranges:

Three-Five Year Olds

The curriculum content emphasizes movement with large muscles. Children at this age have developed a range of basic motor patterns and are ready to develop motor skills in a variety of play settings. Children in this age range enjoy a great variety of learning experiences. They are able to concentrate on stimulating activities, remember and recognize shape, color, and size of objects, and are beginning to develop problem solving skills and understand math concepts. Five year old children and some four year old children begin combining ideas, are developing memory capacity and recognizing meaningful words. They have the ability to pay attention for longer periods of time as well as interact in larger groups of interest. Language and language concepts begin to play an increasingly important role in all areas including motor activities.

Six- Eight Year Olds

Children in this age range are very active and can demonstrate mature motor skills. They are interested in games, rules and in problem solving situations. They enjoy hands-on activity and experimentation in different movement settings and with different equipment. These children need time to practice and refine newly acquired physical and cognitive skills. They are increasingly able to reason, listen to others and show social give and take in different group settings. The peer group begins to take on a more prominent role in the lives of children in this age range.

Table 4 presents examples from a Scope and Sequence chart developed by a school district using the Outcomes Driven Model. Essential objectives that were the primary instructional focus for a year, and expectations pertaining to objective mastery are built into the scope and sequence. The instructional focus is clearly understood by each individual involved in educating a specific child. This chart represents the "Planning" component of the Outcomes Model. Linking the assessing-prescribing-teaching-evaluating steps of the model requires the teacher (s) to systematically determine the status and needs of each student relative to these essential objectives. Inherent in the development of a scope and sequence is knowledge about individual differences and how young children learn skills. Teachers must understand the following principles:

- Skill mastery is age related and not age dependent. Ages for when skills should be taught and mastered are guidelines that vary with the individual student.
- Motor skills learning is sequential in nature. Prerequisite skills must be identified and determinations made regarding the level a student is at, what needs to be taught next, and what level can a student be reasonably expected to attain.
- Focus must be on the qualitative (process) aspects of the skill. Objectives must allow for the student to learn how to perform a skill (e.g. catch- watch the ball, extend arms towards ball) and not just focus on quantitative (product) aspects of a skill (e.g. number of catches in a row).
- The instructional process must provide the student with ample opportunities to master and retain the skill. When a skill is targeted for instruction sufficient time should be allocated for the student to develop mastery.
- The instructional process should foster transfer by allowing the student to practice in a variety of settings under varied conditions.

Infusion of these principles into the planning of an Outcome Driven Model will ensure application of the scope and sequence chart at the level of the learner.

Table 4: Outcomes Driven Model: Example Scope and Sequence Chart

Goals and Objectives Assessed	Age Range 3-4	4-5	5-6	6-7	Skills added/deleted based on children's needs Comments
1. Locomotor and Rhythmic					
*climb	X	X	X	M	
*run		X	X	M	
*hop		X	X	X	
*even beat	X	X	M		
2. Ball Handling					
*catch a ball	X	X	X	M	
*hit a ball		X	X	X	
3. Health/Physical Fitness					
*walk/run	X	X	X	X	
4. Body Management					
*body actions	X	M			
*forward roll	X	X	M		
5. Play skills					
*hand from a bar		X	X	M	
*slide down a slide	X	X	M		
6. Social Skills					
*follow directions	X	X	X	X	

Note: X = Skills are introduced and taught
Mastery level expectations (teacher adapts level of mastery in response to child's needs).
Children may master skills at an age other than that indicated on this chart.

Essential objectives of the Outcomes Based Model can be classified into two categories. Those that travel across curriculum areas and those specific to physical education. An outcome such as developing a positive self-concept is an objective for all curricula areas to focus on.

TEACHER AND INSTRUCTIONAL ADAPTATIONS AND IMPROVEMENTS

The systematic process built into the Outcomes Driven Model enables the teacher to adapt curriculum and instructional procedures to meet the individualized needs of all children. The cyclic natureof the Model forces teachers to continually monitor and evaluate student achievement and make adaptations based upon what is occurring in the learning environment. Table 5 "Teacher Adaptations: Program and Instructional Objectives" illustrates how the teacher can directly adapt the programs for individual students and/or class.

Table 5
TeacherAdaptations: Program and Instructional Objectives

Program and Instructional Objectives

Objective Adaptation	**Type of Downward**	**Example of Adapting Upward**	**Example of Adapting**
1. Program objective	Number selected	Decrease number of program objectives within goal area	Increase number of objectives within goal area
2. Instructional objective	Level of achievement	Lower level of achievement for realistic student expectations	Raise level of achievement for realistic student expectations
3. Instructional objective	Skill level	Decrease step size: identify more elementary tasks or split steps into smaller tasks	Increase step size or complexity of task
4. Instructional objective	Performance standard	Alter or reduce criteria to asssure success	Alter or add criteria to increase requirement for success
5. Instructional objective	Conditions	Increase number of cues, prompts, or assisting devices.	Decrease number of cues, prompts, or assistance.

Teachers need to be directly involved in the design of all aspects of the curriculum from objective selection (planning) to selection of instructional activities and procedures (assessing, prescribing, teaching, evaluating). From our experiences teachers involved in the design process demonstrate greater ownership and desire for the curriculum to succeed than do teachers require to follow a predesigned curriculum into which they had no input. For the Outcomes Driven Model to succeed with younger children involvement of teachers from all curricula areas is essential. This results in consistency when the various curricula areas are implemented in different settings. Table 6 illustrates ways teachers can respond to individual needs.

Table 6: Teaching Adaptations: Responding to Individual Needs

Plan Instruction Able to:	Implement Instruction Provides for:	Modify Instruction Results in:
1. Assess students on instructional objectives, set appropriate learning tasks	Greater on-task time on assigned tasks	Variety of instructional cues directed at student learning needs
2. Prescribe based on preassessment, set expectations	Positive feedback and correction specific to learning tasks	Adjustment of instructional time to enable to meet expectations
3. Focus lesson on student needs, develop sequential nstructional plan	Students actively involved in learning	Instructional changes based on student success.
4. Continually reassess and communicate student progress	Student awareness of progress, higher motivation	Activity, game modification to meet all skill levels
5. Evaluate instruction, identify achievement, what did and did not work	Teacher expectations for all students to learn	Modification of present and future program and instructional plans

BENEFITS OF THE OUTCOME DRIVEN MODEL

Benefits of an educational model are typically viewed in terms of student achievement or participation. An additional way of looking at "benefits" is to delineate the impact on all individuals involved in the educational process. Outlined below are specific benefits that result from implementation of the Outcomes Driven Model:

For the student:

* A wide range of program objectives (outcomes) can be provided an sequentially arranged to meet the unique needs of all students.
* Continuous assessment, prescription, teaching and evaluation ensures that specific and appropriate tasks are targeted for instruction.
* Instructional tasks can be adapted to meet the needs of students in all settings, integrated and separate.
* Instructional tasks and learner outcomes are communicated directly to the student. Students do not have to guess what is expected of them during instruction.

For the teacher:

* Outcomes assist teachers to determine the most significant aspect of the subject matter to be learned.
* Teachers use a coordinated, integrated approach to planning, resulting in consistency for the learner and improved student achievement.
* Teachers have control over the learning environment, recognize when changes need to be made, and have the skills and autonomy to make changes.

For the parent:

* Inclusion in the planning process provides parents with a greater understanding of the educational process.
* Knowledge of expected outcomes and instructional strategies can help parents emphasize and reinforce what is taught at school.
* Conferences with the teacher, as well as with their children, can take place in concrete terms.

For the administrator:

* Outcomes aid administrators responsible for coordinating the curriculum insure that content is covered adequately, integrated across settings, and that adequate resources are available for student needs to be met.
* Outcomes help administrators responsible for supervising and evaluating teachers insure progress of students and teachers in the instructional program.

RELEVANT PLAY AND MOTOR SKILLS INSTRUCTIONAL MATERIALS

A major obstacle in the path of implementation of an Outcome Driven Model in early childhood physical education programs is a lack of available resource materials. Teachers know what they want to do but the time needed to develop sequential objectives, student score sheets, instructional activities and games, activities for the home and materials usable by other teachers makes it extremely difficult to implement the curriculum as desired. The Play and Motor Skills Activity Series: Books 1-8 (Fearon Publishers, 1990) meet the Quality Program Indicators (Tables 1 and 2) and are congruent with the Outcomes Driven Model. Table 7 depicts the relationship between Outcome Driven Model components and the play and motor resource materials in the implementation of the model and program quality indicators.

Materials such as the Play and Motor Activity Series should be viewed by teachers as vehicles to success and not as obstacles. Some teachers use them as "obstacles" by teaching only what is in the "packet" thereby requiring the student to match the materials. Teachers utilizing the Outcomes Driven Model would use them as a vehicle. Teacher select those objectives and instructional objectives that match the desired outcomes of individual students. Other objectives, activities, games, and action words(activity related cues/concepts that can be reinforced in other settings) are selected and adapted as needed. It is our experience that teachers are more apt to use and modify existing materials that approximate student needs than they are to develop completely new sets of materials.

SUMMARY AND CONCLUSION

The general program quality indicators in Tables 1 and 2 serve as guidelines in the planning, implementing, and evaluating of early childhood programs. As such, these guidelines serve as standards or principals by which to make a judgment or determine a course of action in making curricular decisions and in identifying relevant instructional resource materials.

The Outcome Driven Model presented for making curricular decisions is a systematic process that sequentially plans, implements, and evaluates an early childhood instructional program based on educational goals and essential objectives for all children. The model is proposed both for developing each domain and for integrating the curriculum, coordinating all domains.

The Model using a consensus process is an effective tool forcommunication, for collaboration and conflict resolution between families, service providers and other agency personnel to meet the needs of the child and the individual family. Relevant instructional play and motor skills materials to implement the Model were identified.

Physical educators need to understand they are part of a team, find out who the other team members are, learn from these team members and use these team members to reinforce what is taught in the physical education component of the program. Implemented as intended the physical educator may be the individual who guides the physical-motor aspect of the program but, unlike the typical K-12 physical education program, will not be the only individual responsible for implementing instruction. The end result of all team players combining their knowledge and resources should be a program that better meets the needs of each individual child and family than a program fragmented into a number of isolated parts.

Table 7
Relevant Play and Motor Skills Materials: Implementation of The Outcome Driven Curriculum Model*

Model Components Quality Program Indicators	Inplementation of The Model	
Materials Provide	**Process for** **with**	**Examples in Resource Materials**
1. Planning the program	Setting program goals Selecting program objectives outcomes relevant to goals	Scope andSequence Essential program objectives in seven content areas: Locomotor, Ball Handling, Rhythmic, Stunts/Tumbling, Play, Body Management,Health/Fitness
	Determining expectancies	
	Developing a program plan	Yearly Program Plan Teaching Unit Plan
2. Assessment	Determining a child's current level of performances on instructional objectives-curriculum embedded assessment	Program objectives stated as performance objectives at three skill levels Performance objectives, sequential learning tasks, qualitative observable parts of a skill, the instructional objective the child is expected to achieve.
	Identifying childs specific needs and interests	Class record of progress: assessment data heets adaptable to teacher needs
3. Prescribing	Setting up activities/games specific to the child's needs and interests using assessment data to ensure child's progress toward mastery of outcomes school and home	Game Sheet Lesson Plans Unit Activity Plan Action Words/Concepts Social Skills Play-Social Development Prerequisite Skills to review Lesson Plan Co-planning with parents
4. Teaching	Observing and monitoring a child's performance, adapting activities accordingly, assuring that children continually learn appropriate motor and play skill objectives through effective planning, assessment, prescription and evaluation of instruction	Teaching Activities from direct instruction to child's self-initiated activities Teaching Activities for maintenance Health and safety Adapting Play/Games
5. Evaluating	Documenting and reporting the degree to which targeted performance levels have been achieved Analysis and interpretation of child achievement data to identify program problems and merit and to system-matically improve program where needed	Class record of progress: reassessment data sheets Individual Record of Progress: unit and yearly reports

* Collaborative teaming, networking group problem solving approach making full inclusion of all children; welcoming,supporting, valuing diversity and uniqueness of each child.

In conclusion, it should be noted that while the development of the guidelines in each area and the Outcomes Driven Model were guided by a number of considerations, the foundation was built upon the following six tenets:

1. Recognize child's changing capacities and that a child has the capacity for change and that screening children into and out of early education program is not appropriate.
2. How children learn and develop guide decisions: what is important to learn and when and how best earned requires early educators to be schooled in the use of a wide variety of developmentally appropriate curricula, materials, and procedures to maximize each child's growth and development.
3. Learning and development are so individualized that age-individually appropriate expectations are the key to making curriculum decisions.
4. Learning is a developmental interactive process that occurs in children's minds as a result of interaction-active involvement, environments that encourage their active participation, exploration, and curiosity about the world.
5. Children in age group are at all stages along the continuum of learning relative to the curriculum content and dependent upon individual expectations including physical health, social-emotional development, play and motor skills as well as academics.
6. Curriculum goals have many sources- child development, knowledge of individuals, knowledge bases of various disciplines, values of the culture and community. Goals and objectives of the early childhood program and services must be comprehensive, integrated and coordinated, focused on individual family and child's needs.

What is most important is for all caregivers to recognize that the guidelines and program model presented in this paper apply to ALL children. Early educators and schools should educate All children, including children with disabilities, children at-risk, children of poverty, non-English speaking children, and gifted and talented children.

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